

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	10-15-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SA	68566 1/2	5-26-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	10	04	
2	30	19	
3	03	04	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	0	0	
9	N	N	
10	N	N	
11	N	N	
12	N	N	
13	N	N	
14	N	N	
15	N	N	
16			
17			
18	✓	✓	
19	✓	✓	
20	✓	✓	
21			
22			
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	0	0	
27	N	N	
28	N	N	
29	N	N	
30	N	N	
31	N	N	
32	N	N	
33	N	N	
34	N	N	
35	N	N	
36	N	N	
37	N	N	
38	N	N	
39	N	N	
40	N	N	
41	N	N	
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43	N	N	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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